Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 1

CMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency* Citation(s) Groups Covered
Department of Health and Rehabilitative Services

The following groups are covered under this plan.

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups
- 42 CFR 435.110 1. Rec

1. Recipients of AFDC

The approved State AFDC plan includes:

- $\frac{\overline{X}}{\overline{X}}$ Families with an unemployed parent for the mandatory 6-month period and an optional extension of $\frac{0}{\overline{X}}$ months.
- \sqrt{XV} Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of <u>ATTACHMENT 2.6-A</u>.

- 42 CFR 435.115 2.
- 2. Deemed Recipients of AFDC
 - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. 91-39	Approval Date	Effective Date10/1/91
Supersedes TN No. 90-51	SEP 181992	HCFA ID: 7983E
		Revised Submission FEB 1 1 199

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 2

OMB NO.: 0938-

State: FLORIDA

Agency* Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and . 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 91-39 Approval Date __ Effective Date 10/1/91 Supersedes
TN No. 90-21 SEP 8 1992 HCFA ID: 7983E

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State:	FLORIDA
DIALU.	LUMUA

Agency* Citation(s)			Groups Covered
	A.		datory Coverage - Categorically needy and Other Required ial Groups (Continued)
407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act		3.	Qualified Family Members See Item A.10, page 5.
1902(a)(52) and 1925 of the Act		4.	Families terminated from TANF solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires September 30, 2001.)

TN No	98-30	Approval Date FEB 03 1998	Effective Date	10/1/98
Supersedes				
TN No	91-39			

^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 3

OMB NO.: 0938-

FLORIDA State:

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from --
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - Individual alien sponsors (who are not (3) spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 91-39 Approval Date Effective Date 10/1/91 Supersedes SEP 181992 TN No. 86-18 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A Page 3a AUGUST 1991 CMB NO.: 0938-State: FLORIDA Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.114 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. Includes persons who would have been eligible. for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10) (A)(i)(III) and 1905(n) of the Act

- 7. Qualified Pregnant Women and Children.
 - a. A pregnant woman whose pregnancy has been medically verified who--
 - (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 91-39	Approval Date	Effective Date 10/1/91
Supersedes TN No. NEW	ST 8 002	HCFA ID: 7983E
		Revised Submission FEB 1 1 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State	•	FLORIDA
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	Α.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
		7. a. (2) Is a member of a family that would be eligible for aid to families with dependent

- children of unemployed parents if the State had an AFDC-unemployed parents program; or

 (3) Would be eligible for an AFDC cash payment
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 92-23
Supersedes
TN No. 91-39

Approval Date 5. 3 1992

Effective Date 4/1/92

Revision:

HCFA-PM-

(MB)

ATTACHMENT 2.2-A Page 4a

February

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Florida

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage — Categorically Needy and Other Required Special Groups (Continued)

1902 (a) (10) (A) (I) (IV) and 1902 (1) (1) (A) and B of the Act

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902 (a) (10)(A) (I) (IV) and 1902 (1) (1) (A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
- X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
- 9. Children:

1902 (2) (10) (A) (I) (VI) 1902 (1) (1) (C) of the Act a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902 (a) (10) (A) (I) (VII) and 1902 (1) (1) (D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
- Children born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No.	97-24		i i		
Supersedes		Approval Date	3990	Effective Date_	1/1/98
TN No.	92-23				

Revision: HCFA-PM-92-1 (MB)

FEBRUARY 1992

ATTACHMENT 2.2-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:			F	LORIDA
	COVERAGE	AND	CONE	ITIONS OF ELIGIBILITY
Citation(s)				Groups Covered
	Α.			y Coverage - Categorically Needy and Other Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act		10.	and memb AFDO had 407	eviduals other than qualified pregnant women children under item A.7. above who are pers of a family that would be receiving a under section 407 of the Act if the State not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of the for which a family may receive AFDC.
1902(e)(5) of the Act		11.	a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act		٠	b.	A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month is which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. Effective Date 4/1/92Supersedes Approval Date

TN No. __91-39

Revision: HCFA-PM-92 -1 (MB)

FEBRUARY 1992

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:			FL	OR J	IDA
	COVERAGE	AND	CONDIT	IONS	S OF ELIGIBILITY
Citation(s)					Groups Covered
	Α.	Man Req	datory (Cove	erage - Categorically Needy and Other
1902(e)(4) of the Act		12.	receiv date o eligib mother if sti	ing of the second	orn to a woman who is eligible for and Medicaid as categorically needy on the he child's birth. The child is deemed for one year from birth as long as the mains eligible or would remain eligible pregnant and the child remains in the sehold as the mother.
42 CFR 435.120		13.	Aged, Cash A		nd and Disabled Individuals Receiving stance
			<u>X</u> a		Individuals receiving SSI.
					This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.
					X Aged X Blind X Disabled

Revision:	HCFA-PM-91- AUGUST 1991	- 4 (BPD)		ATTACHMENT 2.2-A Page 6a OMB NO.: 0938-
	State:		FLORIDA	
Agency*	Citation(s)		Groups Cover	ed
	Α.	Mandatory Co Required Spe	<u>overage - Categorical</u> ecial Groups (Continu	ly Needy and Other ed)
435.12 1619(h of the	o)(1)	13. <u>√</u> / b.	qualify for benefits of the Act or who med SSI status under second Act and who met the restrictive requirementh before the month SSI under section 16	icaid than the SSI includes persons who under section 1619(a) et the requirements for tion 1619(b)(1) of the State's more ents for Medicaid in the th they qualified for 19(a) or met the ection 1619(b)(1) of the bility for these s as long as they 1619(a) eligibility
		·	Aged Blind Disabled	
			The more restrictive criteria are describe	categorical eligibility ed below:
·				

(Financial criteria are described in $\underline{\text{ATTACHMENT } 2.6-A}$).

*Agency that determines eligibility for coverage.

TN No. 91-39	Approval Date	Effective Date 10/1/	91
Supersedes TN No. 87-21	SEP _87392	HCFA ID: 7983E	